



PUBLIC LIABILITY CLAIM FORM

Argus Insurance Company (Europe) Limited
P.O. Box 45, Regal House, Queensway, Gibraltar
Tel: +350 200 79520
Fax: +350 200 70942

enquiries@argus.gi
www.argus.gi

Please complete in full the relevant sections and submit it to:
Argus Insurance Company (Europe) Limited, P.O. Box 45, Regal House, Queensway, Gibraltar.
If any sections are not applicable please add N/A.

INSURED

Full Name:

Policy No.:

Address:

Postcode:

Business or Occupation:

(incl. part-time occupation)

Phone No. Home:

Mobile No.

Work:

E-mail:

DETAILS OF ACCIDENT (please insert)

Date:

Time:

Place:

Full details and description of the accident:

Name of person who caused the accident:

Full Name:

Address:



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Employers:

Has any accident due to the same cause happened before? If so, give details:

If accident involved sub contractors or any of their employers, give sub contractors:

Name:

Address:

Employers:

Public Liability Insurers:

Policy Number:

What was the extent of injury or damage sustained by the Third Party?

If the claim is in respect of loss of or damage to property belonging to the claimant, state the approximate value of the loss or damage:

To whom was a complaint first made and by whom?

Give name and address of Third Party and if possible, occupation and insurers:



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WITNESSES

Give names and addresses of any Witnesses, and state whether or not they are in your employment:

Have you received any claim? If so, from whom?

Was the matter reported to the Police? If so, give Officer's No. and Station:



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COMPLAINTS PROCEDURE

Our aim is at all times to provide a first class standard of service. However, there may be occasions when you feel that this objective has not been achieved. Should you have any query or complaint regarding this insurance please write to Argus Insurance Company (Europe) Limited, PO Box 45, Regal House, 3 Queensway, Gibraltar. If you are dissatisfied with the response you receive you should write to the Department of Consumer Affairs, 10 Governor's Lane, Gibraltar.

DATA PROTECTION ACT – INFORMATION USES

Information you supply may be used for the purposes of insurance administration by the insurer, its associated companies and agents, by reinsurers and your intermediary. It may be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing the insurer's compliance with any regulatory rules/codes. Your information may also be used for offering renewal, research and statistical purposes and crime prevention. It may be transferred to any country, including countries outside the European Economic Area for any of these purposes and for systems administration. In assessing any claims made, the insurer or its agents may undertake checks against publicly available information (such as electoral roll, county court judgments, bankruptcy orders or repossessions). Information may also be shared with other insurers either directly or via those acting for the insurer (such as loss adjusters or investigators). With limited exceptions, and on payment of the appropriate fee, you have the right to access and if necessary rectify information held about you.

VERY IMPORTANT – FRAUDULENT AND EXAGGERATED CLAIMS

Deliberately exaggerated claims could invalidate your policy cover. Insurance fraud is a crime and liable to prosecution. The above answers to our questions will be the basis of consideration of your claim. You must ensure that all information is true, correct and complete to the best of your knowledge and belief, and that all material facts have been disclosed. A material fact is one that is likely to influence us in the assessment or acceptance of this claim, or application of cover under the terms and conditions of your policy. If you are in any doubt as to whether a fact is material, you must disclose it. Failure to do this may mean that your policy becomes invalid and a claim payment will not be made.

I / We declare that the foregoing particulars to be correct to the best of my/our knowledge and belief. I /We understand that you may seek information from Other insurers to check the answers I/we have provided. This report is made in the bona fide belief that litigation may ensue and to enable solicitors and/or agents to conduct such litigation and advise in relation thereto.

DECLARATION

I / We declare that the foregoing particulars to be correct to the best of my/our knowledge and belief.

Employers Signature:

Date: